

# **FREE TRANSMITTAL**

## **for FY 2005**

*Effective 10/01/2004. Patent fees are subject to annual revision.*

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1770.00
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**Complete if Known**

Application Number	09/459,815-Conf. #1657
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Filing Date	December 13, 1999
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First Named Inventor	Bryan D. Skene
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Examiner Name	A. L. Baugh
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Art Unit	2141
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Attorney Docket No.	08204/100S025-US1
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**METHOD OF PAYMENT** (check all that apply)

☒ Check      ☐ Credit Card      ☐ Money Order

☐ Deposit Account ☐ None

Deposit  
Account  
Number

04-0100

Deposit  
Account  
Name

**Darby & Darby P.C.**

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

### FEE CALCULATION

### 1. BASIC FILING FEE

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
<b>Subtotal (1) \$</b>		<b>\$</b>	<b>0.00</b>

**FEE CALCULATION (continued)**

## 2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

$$\frac{\text{Total Claims}}{-20 \text{ or } HP} = \frac{\text{Extra Claims}}{x} \times \frac{\text{Fee (\$)}}{=} = \text{Fee Paid (\$)}$$

HP= highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=	

HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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**Subtotal (2) \$** 0.00

### 3. OTHER FEES

3. OTHER FEES		Small Entity	
Fee Description	Fee (\$)	Fee (\$)	Fee Paid
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	980.00
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other: Request for Continued Examination Fee			790.00
Subtotal (3)		\$	1770.00

## SUBMITTED BY

Signature	<i>H. L. L. L.</i>
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Registration No.  
(Attorney/Agent)

52.361

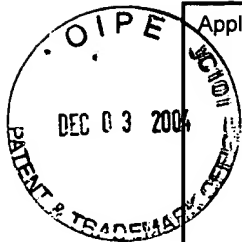
Telephone

(206) 262-8900

Name (Print/Type) Jamie L. Wiegand

Date \_\_\_\_\_

December 3, 2004



Application No. (if known): 09/459,815

Attorney Docket No.: 08204/100S025-US1

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Date

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Jamie L. Wiegand

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Registration Number, if applicable

(206) 262-8900  
Telephone Number

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Request for Continued Examination Transmittal (1 page)  
Fee Transmittal (1 page)  
Amendment/Reply (6 pages)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
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